MULTI-STEP INVITATION FOR BIDS
DHMH/ Springfield Hospital Center
Nutritional Services
OPASS # 17-17064
Addendum #4
Issued: April 15, 2016

All persons who are known by the Issuing Office to have received the above-referenced MS-IFB are hereby advised of the following revisions:

Removal of CNP and Child Nutrition Program References from Solicitation Document:

Any reference to **CNP** or **Child Nutrition Program** is hereby removed from the solicitation document.

4.2.1 Technical Offer Requirements p Currently Reads:

Provide a minimum sample of two (2) weeks of menus meeting the standards of the Child Nutrition Program for breakfast and lunch for high school students. The menus should be representative of those to be included in the Cycle Menus proposed for use at the Facilities.

4.2.1 Technical Offer Requirements p Revised to Read:

Provide a minimum sample of two (2) weeks of menus. The menus should be representative of those to be included in the Cycle Menus proposed for use at the Facilities and meet the standards of breakfast, lunch, dinner, and snacks.

All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer DHMH.

04/15/2016   *Aaron L. Street*
Date   Aaron L. Street
                                                              Procurement Officer, OPASS

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

Upon receipt, please return the addendum acknowledgement via fax, e-mail or hardcopy to:

Anthony Gardner
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201 West Preston Street, Rm 416
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410-767-5190
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DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

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<u>ADDENDUM ACKNOWLEDGEMENT</u>

I acknowledge receipt of Addendum #4 to MS-IFB 17-17064 titled "Springfield Hospital Center Nutritional Services" dated 4/15/16.

_____
Vendor's Name

_____
Authorized Signatory – (Print/Type)

_____
Signature

_____
Date